

REPORTS INVENTORY						CONTROL NO. DDS/OF-006	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Weekly Activity Report to DDS						2. TYPE OF REPORT <input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED 5		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly				6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form, computer print-out, etc.) Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT DDS Requirement	
		IF YES GIVE ADP PROCESSING NO.					
10. PREPARING COMPONENT (include lowest level contributing information to report) Office of Finance		11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Weekly Activity Reports from each Division and Staff of the Office of Finance					
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
Consolidation of all detailed forms attached.							\$ 1,844.36
GS-17/18	\$16.24		1		\$16.24		52 844.48
GS-08	4.45		1		4.45		52 231.40
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							\$ 2,920.24
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. This report is to alert the DDS to significant accomplishments of the Office during the week.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <input type="checkbox"/> RETAIN AS IS <input checked="" type="checkbox"/> OTHER (explain) Future of this report is dependent upon determination of the DDS. <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						ESTIMATED SAVINGS	
						MAN-HOURS	DOLLARS
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100008-8					18. EXTENSION

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (if a fill-in report include Form No.) Activity Report - PPS (Feeder)					2. TYPE OF REPORT		<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		<input type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL		<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE		<input type="checkbox"/> ADMIN. GENERAL <input type="checkbox"/> OTHER (specify)	
4. NO. OF COPIES PREPARED 5		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly			6. DISTRIBUTION (No. of components not number of copies) 1		
7. FORMAT (memorandum, form computer print-out, etc.) Memorandum		8. ADP PROCESSING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			9. DIRECTIVE AUTHORITY REQUIRING REPORT DD/S		
10. PREPARING COMPONENT (include lowest level contributing information to report) PPS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Average Weekly total of 5 feeder reports, titled "Item for Activity Report," by individual staff members.			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-16	\$ 14.04		1/2		\$ 7.02		52 \$ 365.04
GS-13*	8.06		1		8.06		52 419.12
GS-06	3.86		1		3.86		52 200.72
							\$ 984.88
* Based on FY 70 Average grade level of GS-13, step 3.							
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							\$ 984.88
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Feeder report to the Office of Finance's weekly Activity Report to the DDS. High-lights significant activities during the week involved in accomplishing basic functions of PPS and in our continuing effort to develop more effective methods and procedures. Useful at C/PPS and D/Fin levels in evaluating PPS' contribution to improvement of the overall financial system. Provides some of the data needed for PPS' Program Call Report.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS	DOLLARS
<input type="checkbox"/> CHANGE							
<input type="checkbox"/> DISCONTINUE							
16. DATE OF INVENTORY 23 Sept. 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION C/PPS				18. EXTENSION	

SECRET

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<input type="checkbox"/>	LOGISTICS	<input type="checkbox"/>	SECURITY																			
<input type="checkbox"/>	MEDICAL	<input checked="" type="checkbox"/>	FINANCE																			
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<input type="checkbox"/>	OTHER (specify)																					
4. NO. OF COPIES PREPARED 2		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly			6. DISTRIBUTION (No. of components not number of copies) 1																	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>YES</td> <td rowspan="2" style="padding: 2px;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>NO</td> </tr> </table>			<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/>	NO	9. DIRECTIVE AUTHORITY REQUIRING REPORT												
<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.																				
<input checked="" type="checkbox"/>	NO																					
10. PREPARING COMPONENT (include lowest level contributing information to report) Monetary Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)																		
12. COST FACTORS																						
A. MANUAL PREPARATION AND REVIEW COSTS																						
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X																
				=		=																
GS-15	\$11.00		1/4		\$2.75	52																
GS-14	9.44		1/4		2.36	52																
GS-13	8.06		1/4		2.01	52																
GS-07	3.89		1/4		.97	52																
						\$ 420.68																
B. COSTS OF COMPUTER PRODUCED REPORTS																						
TOTAL COSTS PER YEAR						\$ 420.68																
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Director of Finance Requirement																						
14. FUTURE GOALS																						
GOAL PROPOSED BY COMPONENT FOR THIS REPORT					ESTIMATED SAVINGS																	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">MAN-HOURS</td> <td style="width: 50%;">DOLLARS</td> </tr> <tr> <td style="text-align: center;">-0-</td> <td style="text-align: center;">-0-</td> </tr> </table>		MAN-HOURS	DOLLARS	-0-	-0-												
MAN-HOURS	DOLLARS																					
-0-	-0-																					
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE																						
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION				18. EXTENSION																
		Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100008-8																				

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Classification

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3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		<input checked="" type="checkbox"/> FINANCE			
4. NO. OF COPIES PREPARED 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly				6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING <div style="display: flex; justify-content: space-between;"> <div>YES</div> <div>IF YES GIVE ADP PROCESSING NO.</div> </div>				9. DIRECTIVE AUTHORITY REQUIRING REPORT Director of Finance	
		<input checked="" type="checkbox"/> NO					
10. PREPARING COMPONENT (include lowest level contributing information to report) PSAD				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-14	\$ 10.70		1/4		\$ 2.68		39 \$ 104.52
GS-15	12.47		1/4		3.12		39 121.68
GS-07	4.41		1/4		1.10		39 42.90
						\$ 269.10	
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$ 269.10	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Needed to keep Director and DD/A&A advised of events not reflected in other reports. May be used for OF Report to DDS.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <div style="display: flex; justify-content: space-between;"> <div><input checked="" type="checkbox"/> RETAIN AS IS</div> <div><input type="checkbox"/> OTHER (explain)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>CHANGE</div> <div>DISCONTINUE</div> </div>						ESTIMATED SAVINGS	
						MAN-HOURS	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Approved For Release 2006/11/13 : CIA-RDP75-00399R000100100008-8				18. EXTENSION	

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PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Weekly Activity Report (Items of Interest)						2. TYPE OF REPORT	
						<input type="checkbox"/> STATISTICAL <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL OTHER (specify)	
		LOGISTICS		SECURITY			
		MEDICAL		FINANCE			
4. NO. OF COPIES PREPARED 4		5. FREQUENCY (weekly, monthly, quarterly, etc.) Weekly				6. DISTRIBUTION (No. of components not number of copies) 1	
7. FORMAT (memorandum, form computer print-out, etc) Memorandum		8. ADP PROCESSING				9. DIRECTIVE AUTHORITY REQUIRING REPORT D/Finance	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES GIVE ADP PROCESSING NO.			
10. PREPARING COMPONENT (include lowest level contributing information to report) Accounts Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) Memoranda from Branches			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-13	\$10.48		1/2		\$5.24		12* \$ 62.88
GS-15	12.84		1/2		6.42		12 77.04
GS-06	3.74		1/4		.94		12 11.28
							\$151.20
* Prepared only when items are of special interest--Estimated once every four weeks.							
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR						\$151.20	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in Item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. "User" costs should be reported by Immediate Office of Finance which selects items, edits, and makes consolidated Office Report to DDS.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> OTHER (explain)						MAN-HOURS DOLLARS	
<input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE							
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1. TITLE OF REPORT (If a fill-in report include Form No.) Significant Items to DDS						2. TYPE OF REPORT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/></td> <td>STATISTICAL</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>NARRATIVE</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MACHINE-NAME LISTING</td> </tr> </table>		<input type="checkbox"/>	STATISTICAL	<input checked="" type="checkbox"/>	NARRATIVE	<input type="checkbox"/>	MACHINE-NAME LISTING										
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<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.																					
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10. PREPARING COMPONENT (include lowest level contributing information to report) C&T Div.				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) All Sections of Compensation and Tax Division																			
12. COST FACTORS																							
A. MANUAL PREPARATION AND REVIEW COSTS																							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	=	COST PER YEAR																
GS-11	\$ 7.36	1/2		\$ 3.70	5		\$ 18.50																
B. COSTS OF COMPUTER PRODUCED REPORTS																							
TOTAL COSTS PER YEAR						\$18.50																	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. To inform the Director of Finance of significant items of interest for his weekly report to the DDS.																							
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>YES</td> <td rowspan="2" style="width: 40px;">IF YES GIVE ADP PROCESSING NO.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>NO</td> </tr> </table>						<input type="checkbox"/>	YES	IF YES GIVE ADP PROCESSING NO.	<input checked="" type="checkbox"/>	NO		
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<input checked="" type="checkbox"/>	NO													
10. PREPARING COMPONENT (include lowest level contributing information to report) Branches and Chief, C&L Division				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)										
12. COST FACTORS														
A. MANUAL PREPARATION AND REVIEW COSTS														
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR							
							Insufficient time expended to arrive at a cost factor.							
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						<input type="checkbox"/>	RETAIN AS IS		OTHER (explain)					
						<input type="checkbox"/>	CHANGE							
<input type="checkbox"/>	DISCONTINUE													
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